DOCUMENT RESUME

ED 335 451 CE 058 450

TITLE	Practical Nursing Curriculum Advisory Committee Report Including Suggested Philosophy, Suggested Competencies, Geriatric Care Curriculum.
INSTITUTION	Iowa Univ., Iowa City. Coll. of Education.
SPONS AGENCY	Iowa State Dept. of Education, Des Moines. Bureau of Career and Vocational Education.
PUB DATE	89
NOTE	65p.; Report of the Advisory Committee for Practical Nursing Education Program in Health Occupations Education. SPONBBB29049
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Articulation (Education); *Behavioral Objectives; *Curriculum Development; Futures (of Society); *Nursing Education; Nursing Homes; Postsecondary Education; *Practical Nursing; Program Improvement; State Curriculum Guides; *Teaching Methods; Technological Advancement
IDENTIFIERS	*Iowa

ABSTRACT

A study was made of the current and future role of practical nurses and the curricula used to prepare these nurses in the 16 programs in Iowa. A statewide committee of 14 persons involved in hiring, employing, and controlling practical nurse practice was formed. Between Fall 1987 and Spring 1989, the committee gathered and analyzed information and developed a curriculum and other materials that they shared with the groups they represented. These tasks were completed in three face-to-face meetings and monthly group meetings using the state telenetwork system. Some of the group's findings were the following: (1) the health care industry needs practical nurses; (2) practical nursing programs should be no longer than 1 year; (3) articulation between practical nursing and associate degree nursing should continue; (4) increased knowledge of technology will be needed by practical nurses; (5) a growing number of elderly in Iowa will need practical nursing care; (6) many nursing programs are teaching more than students can learn in 1 year; (7) increasing emphasis on graduate and associate nurses has decreased the prestige and training of practical nurses; and (8) admission requirements allow unprepared persons into nursing programs. Recommendations were made for curriculum changes in order to meet the future educational needs of practical nurses. (A curriculum guide, half of the document, lists suggested competencies for practical nurses, and provides objectives coupled with content and suggested teaching methods for a course of practical nursing in a nursing facility. Thirteen references are cited.) (KC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED335451

ZA894D07

PRACTICAL NURSING CURRICULUM
ADVISORY COMMITTEE REPORT

including
Suggested Philosophy
Suggested Competencies
Geriatric Care Curriculum

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CE058452

BEST COPY AVAILABLE

REPORT FROM

ADVISORY COMMITTEE FOR PRACTICAL NURSING EDUCATION

PROGRAM IN HEALTH OCCUPATIONS EDUCATION

THE UNIVERSITY OF IOWA
College of Education

cooperatively with

IOWA DEPARTMENT OF EDUCATION
Bureau of Career and Vocational Education

1989

Project Coordinator: Joyce Brandt

REPORT OF PRACTICAL NURSING CURRICULUM TECHNICAL ADVISORY COMMITTEE

INTRODUCTION

Introduction

By 1987, there was a great deal of discussion about the contributions practical nurses were making and would continue to make to health care delivery. The several factors that contributed to the concerns educators and employers were expressing about the future of the practical nurse included 1) the ANA entry into practice issue that threatened, at the least, to redefine the role of the practical nurse and 2) changes that were occurring in the health care industry itself. As a result, the staff in the Program in Health Occupations Education felt there was a need for re-assessing the future of practical nurses. This project is a summary of the processes used to examine the current and future role of practical nurses and the curricula used to prepare these nurses.

Purpose

The staff in the Program in Health Occupations Education, with a curriculum development project through the Iowa Department of Education, defined the project objectives and procedures for formally assessing the current status of practical nursing. A state-wide committee of persons involved in hiring, employing and controlling practical nurse practice was organized to provide the expertise. The committee was charged with the following responsibilities:

1) Determine if there is a place for practical nurses in the future of health care delivery
2) Describe the changes in health care delivery that have and will affect the competencies the practical nurse will need
3) Identify the competencies required of practical nurses in relation to needs of health care delivery
4) Assess the current practical nursing curricula and make recommendations regarding revisions that would strengthen the role of the practical nurse

Committee Members

The task of the committee required input from those persons who were directly involved with the educational preparation of practical nurses, employers of practical nurses and the professional association that represented practical nurses. The state agencies, professional groups, educational institutions, and organizations who employed practical nurses were contacted to recommend committee membership. The following persons, representing these groups, agreed to serve on the state advisory committee and although some members resigned because of position changes, everyone who participated on the committee provided valuable information and are recognized. The organizations listed beside the names was or is the organization members represented.

Connie Anderson - Home Care
Joan Bunten - Iowa Homes for Aging
Betty Helgerson - Practical Nurse Education
Lorinda Inman - Iowa Board of Nursing
Helen Kelly - Home Health Care
Elizabeth Kinney - Iowa Federation of Licensed Practical Nurses
Marilyn Lofflin - Adult Coordinators from Area Schools
Jerry Nicholls - Long Term Care Administrators
Shirley Raley - Practical Nurse Education
Jackie Stoley - Practical Nurse Advisory Committees
Sherly Sommers - Iowa Hospital Association
Erla Scherschlight - Iowa Health Care Association - replacing M. Stevens
Marilyn Stevens - Iowa Health Care Association
Joyce Brandt - Project Director, Program in Health Occupations Education

Meetings and Process

The committee was active from the Fall of 1987 through the Spring of 1989. The one and one-half years it took the committee to complete the study were spent identifying the information the committee needed, gathering the information, analyzing the information, and finally when documents were developed sharing these with the groups they were representing for their input. The process also provided time for several committee members to readjust and reevaluate their own feelings regarding practical nurses.

The committee had three face-to-face meetings. The initial committee meeting was a face-to-face in the Fall of 1987, at which time members identified concerns/perceptions regarding current practical nurse function and educational preparation, and identified strategies for further assessing practical nursing. A second face-to-face meeting was held in summer of 1988 to evaluate the committee's progress relative to making final recommendations and to identify additional information needed to make final recommendations. The committee held the final meeting June of '89 and shared findings and recommendations with educators and employers throughout the state.

In addition to the face-to-face meetings, the committee met approximately once a month on the state telenetwork system. After the initial face-to-face meeting the committee felt comfortable meeting on telenet if the meeting was well organized and if the committee had received the information to which they were required to react in advance of the meeting. In fact, the telenet meetings were economical relative to the saving of time and travel monies.

Changes That Occurred During Committee Proceedings that Further Impacted Decisions Made by the Committee

During the one and one-half year period that the state advisory committee was assessing the need for and educational preparation of practical nurses three major changes occurred that would have an impact on the recommendations made by the committee. These changes were 1) the growing shortage of nurses needed by the industry to provide quality care, 2) a proposal by the AMA to alleviate these shortages by "training" a Registered Care Technician (RCT), and 3) the completion of a task analysis for practical nurses that was commissioned by the National Council of State Boards of Nursing (NCSBN) to determine state test pool examination items for licensure.

Materials Developed by the Committee

Throughout the period the committee developed/approved the following materials: a summary of changes that are occurring in health care delivery in Iowa that are affecting the way licensed practical nurses are being used in the industry, a philosophy of practical nursing education, entry level competencies for practical nurse graduates, general and specific recommendations regarding practical nursing and practical nursing educational preparation, and a model curriculum for preparing practical nurses to work with geriatrics and chronically ill in nursing facilities.

ASSUMPTIONS, ISSUES, CONCERNS

At the initial face-to-face meeting the committee felt they had to come to consensus regarding several factors related to practical nursing. Following are concerns/assumptions the committee agreed upon that became the basis for model philosophy, model competencies, and recommendations:

Assumptions

1) The health care industry needs practical nurses to continue to provide the quality care Iowans had come to expect.

2) Practical nurses should continue to be an integral part of nursing service, and the tasks they are asked to perform should be under the direction of the registered nurse and auspices of the Nurse Practice Act.

3) Practical nursing programs should be no longer than one year in length--if the time required to prepare practical nurses was increased another health speciality would be developed to replace the practical nurse.

4) With the high technology being used in acute care settings there is a real place for practical nurses in nursing facilities that care for chronically ill and elderly.

5) Within their scope of nursing practice, practical nurses can provide quality care in a variety of health care settings.

6) Articulation between practical nursing and associate degree nursing should continue to be a focus.

7) There needs to be an appropriate combination of nursing courses, related courses and clinical experiences to adequately prepare the practical nurse for future role in health care delivery.

8) Practical nursing education should include the pn's role in the nursing process and should be based on a nursing theory model not a medical model.

Changes Occurring in Health Care Delivery that Affect PN's

A number of the committee members were representative of the health care industry and with their expertise they identified the following changes that had occurred and would occur in health care delivery that they felt would affect the future utilization of practical nurses.

1) Increase in the technology for caring for patients in acute care settings.

2) Emphasis on cost containment with persons outside of nursing making decisions regarding patient nursing care needs.

3) Increasing acuity level in acute care institutions with a corresponding increase in care needs in alternative institutions e.g., long term care facilities, home health care, clinics.

4) Growing number of elderly in Iowa with accompanying chronic diseases which will require basic nursing care.

Concerns about Current Practical Nursing Education Programs

1) As technology increases the curricula requirements for practical nurses increases and many programs are teaching more than students can achieve in a one year time.

2) Several concerns regarding practical nursing education were based on the "ladder" concept in Iowa. The ladder in many programs in Iowa identifies the first year of the ADN program as the practical nurse program. Although the committee wanted to continue to have as much articulation between the two programs as possible they identified some concerns related to this approach.
   a) Most curricula decisions made regarding the first year program were/are based on what is best for the associate degree nurse without consideration being given to the practical nurse.
   b) The ladder concept does not allow for adequate socialization in the role as practical nurses, with the emphasis being on the R.N. role.
   c) To accommodate the associate degree nurse there is more and more emphasis on transferable credit, not on developing entry level nursing skills for the practical nurse.
   d) There is a decreased pool of practical nurses because of the emphasis and prestige given to the associate degree nurse graduate.

3) Insufficient emphasis given to care of the growing elderly population. This is reflected in courses/course content regarding elderly and the amount of clinical time used for geriatrics.

4) More and more responsibilities are being assigned to the practical nurse graduate without adequate training and reimbursement for services.

5) Admission requirements allow persons ill prepared into programs.

RELATED INFORMATION/DATA THAT WERE CONSIDERED BY THE COMMITTEE

At the first meeting and as concerns arose during other meetings the committee identified, collected and considered other articles, data, and research in assessing the role and educational needs of practical nurses. Following is a summary of these reports and data.

Utilization of Practical Nurses

In a study conducted by Petersen and Richards (1986) it was found that all categories of facilities surveyed planned to hire LPN's in the future. It was estimated there would be a resultant 14 percent increase demand for practical nurse graduates in the future.

In a study conducted in Arkansas in 1986, the Department of Education concluded the LPN was not being phased out, in fact there was evidence that more LPN's were being employed and that all LPN's who wanted jobs were able to get them.

McDonald and Bardwell (1987) in a report developed for the Kentucky Department of Education entitled LPN Analysis in The Health Industry concluded after reviewing the literature and surveying health care providers that there continued to be a need for LPN's. They further suggested that eliminating the LPN would not increase the quality of health care and with the growing elderly population there would be an increased need for the LPN.

The Virginia Department of Education, Health Occupations Education Service in a 1988 publication; The Education of Practical Nurses, A Growing

Concern, concluded since LPN programs graduated one third of the licensed nurses in the state there was a need to increase funding for the adult portion of the practical nursing education programs in Virginia.

Bunten (1988) conducted a local survey of nursing homes in western Iowa and reported the following findings.

- Eight of the ten facilities surveyed were having problems staffing licensed personnel.
- The facilities reported because of the workload for licensed nurses many facilities were falling behind on paper work.
- LPN's were reported to be the backbone of the staff in these facilities and without them the facilities felt they could not function.
- Facility personnel felt they were better able to hire LPN's for staff if those LPN's had clinical experience in the facility as students.
- Respondents recommended a need for more positive publicity regarding employment opportunities for LPN's in nursing facilities.
- Finally, they suggested instructors' attitudes regarding long term care positions has impact on students selecting positions in nursing facilities.

The Iowa Legislature mandated the Iowa Department of Public Health in conjunction with the Iowa Board of Nursing establish a task force to examine nursing shortages in Iowa. The report from that group (1989) recommended "staffing patterns should reflect the need to deliver effective and quality care in the most efficient and effective manner", which could be interpreted to mean there is a need for the continued educational preparation of all levels of nursing including the practical nurse and that efforts should be made to determine how all levels of nurses can be better utilized.

The Final Report of the Commission on Nursing from the U.S. Department of Health and Human Services has as one recommendation "health care delivery organizations should adopt innovative nurse staffing patterns that recognize and appropriately utilize different levels of education...such as licensed practical nurses."

Supply of Practical Nurse Graduates in Iowa

Program in Health Occupations Education in 1988 was concerned about the perception that there was a decreasing number of practical nursing graduates in Iowa, due in part to the nursing ladder programs and emphasis on ADN. As a result a survey was conducted and nursing coordinators were asked to identify the number of persons who graduated as LPN's that terminated their education and were available for full time employment as a Licensed Practical Nurse. Table 1 shows the results.

Table 1

Practical Nurse Graduates who Terminate Education at PN Level

1985	1986	1987	1988
286	213	187	243

*Only 9 of the 27 programs approved for practical nursing education had 10 or more students who terminated their education as practical nurses.

Curricula Considerations

The committee felt it would be useful to have an overview of the current curricula included in the 16 practical nursing programs in Iowa. Table 2 provides a summary of general curricula content and Table 3 identifies the mix of classroom, laboratory and clinical hours.

It was difficult to determine the amount of related information included in some curriculums since several programs are integrated. The related courses being taught include Nutrition, Pharmacology, Introduction to Computers, Vocational Relations, Nursing Perspectives, Human Growth and Development, Biological Sciences, Career Orientation, First Aid/CPR, Orientation. The arts and science transfer courses being taught included, Anatomy

and Physiology, Human Growth and Development, Introduction to Psychology, and Microbiology.

Table 2

Course Content in Practical Nursing Programs in Iowa

Courses	Range of Hours and Percentage of Program Hours for program reporting Hours	Mean and Mean % of all Programs
Nursing Courses		
Fundamentals	0 (0%) - 340 (27%)	159 (15%)
Medical-Surgical	291 (26% - 729 (65%)	476 (46%)
Geriatrics	10 (1%) - 266 (24%)	127 (13%)
Pediatrics/Obstetrics	90 (10%) - 360 (30%)	257 (24%)
Total all Nursing	816 (67%) -1268 (83%)	1039 (77%)
Related Courses	180 (15%) - 414 (31%)	319 (25%)

Nursing educators have always used a combination of formal classroom, laboratory experiences and clinical practice to prepare practitioners. The committee felt to fully understand how practical nurses were socialized it would be important to analyze the how these three strategies were being used to prepare practical nurses. Table 3 summarizes the findings.

Table 3

Teaching Strategies in Practical Nursing Education Programs In Iowa

Strategy	Range of Hours Used Percentages for Programs reporting specific hours	Mean Hours Percentage Mean
Classroom	428 (34%) - 818 (55%)	598 (45%)
Laboratory	33 (03%) - 226 (16%)	118 (09%)
Clinical	468 (40%) - 746 (49%)	598 (45%)
Total Program Hours	1089 -1488	1348

American College of Testing (ACT) Report on Job Analysis of Newly Licensed Practical/Vocational Nurses (1986-87)

The National Council of State Boards of Nursing (NCSBN) commissioned ACT to conduct a job analysis of newly hired LPN/LVN's to validate the NCLEX-PN

examination. The results of the survey were of interest to the committee for two reasons: first, the results helped identify where new practical nurses were working; and second, the results would be used to modify future NCLEX-PN examinations, thus having curricula implications.

Several of the tables and results of the study will be used in this report. Table 4 of this study, Table 3.3 of the ACT Study, is a summary of the types of work settings for PN's. Only 26.7 percent of new practical nurses were employed in acute care settings. This seems to indicate curriculum considerations should be given to preparing the practical nurse for the multiple work settings.

Table 4
ACT Study Table 3.3

Table 3.3
Summary Distribution of Newly Licensed PNs
by Type of Work Setting

	1986		1987		1986-87	
	N	%	N	%	N	%
Acute	197	22.3	271	31.1	468	26.7
Long Term	289	32.7	252	29.0	541	30.8
Ambulatory	79	8.9	60	6.9	139	7.9
Multiple	320	36.2	287	33.0	607	34.6
Total	885		870		1755	

Findings in the Study, Table 5 of this study, Table 3.2 ACT Study, further describes where practical nurse graduates are employed in long term care, acute care and ambulatory settings. As can be noted the greatest majority of practical nurses employed in acute care are employed in medical surgical settings, very few are employed in the specialty areas. A higher percentage are employed in skilled facilities; however, since the OBRA legislation requiring nursing facilities to have licensed nurses around the clock it can

be anticipated even larger numbers will be employed in all categories of nursing facilities.

Table 5

Table 3.2
Distributions of Work Settings
for the 1986 Data, the 1987 Data, and the Combined 86-87 Data

Setting	1986 N	1986 %	1987 N	1987 %	1986-87 N	1986-87 %
Acute Care						
1 MEDSURG	167	18.9	221	25.4	388	22.1
2 PEDS	3	0.3	7	0.8	10	0.6
3 ICU	4	0.5	10	1.1	14	0.8
4 OR	2	0.2	1	0.1	3	0.2
5 RR	-	-	3	0.3	3	0.2
6 PSYCH	8	0.9	13	1.5	21	1.2
7 ANESTHES	-	-	-	-	-	-
8 CNTRLSRV	1	0.1	3	0.3	4	0.2
9 ER	8	0.9	5	0.6	13	0.7
10 LABORDLV	-	-	1	0.1	1	0.1
11 POSTPART	1	0.1	3	0.3	4	0.2
12 NURSERY	2	0.2	2	0.2	4	0.2
13 PATNTED	1	0.1	2	0.2	3	0.2
Long-term Care						
14 SKILLED	169	19.1	141	16.2	310	17.7
15 INTERMED	91	10.3	93	10.7	184	10.5
16 RESIDENTL	29	3.3	18	2.1	47	2.7
Ambulatory Care						
17 OFFICE	20	2.3	12	1.4	32	1.8
18 SCHOOL	1	0.1	2	0.2	3	0.2
19 INDUSTRY	3	0.3	2	0.2	5	0.3
20 CLINIC	7	0.8	11	1.3	18	1.0
21 OUTSURG	-	-	1	0.1	1	0.1
22 HOME	26	2.9	16	1.8	42	2.4
23 INDIVID	5	0.6	5	0.6	10	0.6
24 GROUPNUR	-	-	-	-	-	-
25 GROUPPHY	17	1.9	11	1.3	28	1.6
Multiple	320	36.2	287	33.0	607	34.6
Total	885		870		1755	

As a result of the study, Table 6 shows the changes ACT is suggesting for weighting for practice setting test items. If NCSBN follows these suggestions curricula will need to be revised to prepare the graduates not only for the work setting but also for licensure examinations.

Table 6

Changes Indicated for New NCLEX-PN Test Plan

	Current Weights	Suggested Weights
Acute Care Settings	65% to 75%	35% to 45%
Extended Care Settings	15% to 25%	45% to 55%
Ambulatory Settings	5% to 15%	5% to 15%

The Study also indicated a high percentage (72%) of newly licensed practical nurses were serving in supervisory roles when hired in the long term care setting as compared to the acute care setting. Although the current practical nursing curricula do not include much supervisory experiences the Iowa Board of Nursing does require all practical nurse graduates who work in long term care and serve as supervisors to take the state approved supervisory course.

Ages of Clients of Newly Hired LPN's

Another dimension assigned weights in the NCLEX-PN examination is client age which is used in developing clinical situations. ACT is suggesting changes in age weights, as shown in Table 7. These changes are supported by one of the concerns the committee felt needed to be addressed in assessing practical nursing curricula, a need to increase the geriatric portion of the curricula.

Table 7

Recommendations for Weighting of Client Ages in NCLEX-PN Situations

	Current Wts.	Recommended Wts.
Birth to 14 Years	5% to 15%	0% to 10%
15 Years to 65 Years	55% to 65%	35% to 45%
66 Years and Older	25% to 35%	55% to 65%

There is additional valuable information regarding practical nursing in the ACT report and the committee recommends it to all persons currently involved in educating practical nurses.

MATERIALS DEVELOPED BY THE COMMITTEE

As the committee was assessing and evaluating the future need for licensed practical nurses and their role in health care delivery in Iowa, it became obvious there was a need for certain other documents. These documents included a philosophy and competencies that would reflect the committee's future recommendations. These two documents were developed and reviewed and approved by the organizations the committee members represented. The documents are attached for your consideration.

A major concern of the committee was the emphasis on geriatrics in the current practical nursing curricula. The committee felt programs needed to have some type of model to use in evaluating the content. The attached curricula to prepare persons for working in nursing facilities was developed as this model.

SUMMARY

The committee utilized all of the previously mentioned information and their expertise in determining there is a place for practical nurses in the future of health care delivery. In making these assessments they evaluated

the current status of practical nurses, identified competencies that would best help the practical nurse fulfill that role and recommended general changes and curricula changes that would increase the effectiveness of the practical nurse.

RECOMMENDATIONS

The recommendations made by the committee are presented in two parts. The first recommendations are general regarding promotion, enhancement of practical nursing, the second group of recommendations speak to curricula considerations that the committee felt need to be addressed in developing, revising curricula.

General Recommendations

1. The pool of available licensed practical nurses should be increased.

2. The worth of the practical nurse to the industry should be enhanced by creating a positive image of the practical nurse. This might be done by
   a. Encouraging health associations to recognize an outstanding LPN--be sure there is positive publicity
   b. Encouraging students/graduates to become active in IFLPN association.

3. The competencies the committee developed should be disseminated to the industry and public to help them better understand the contributions the LPN makes to the industry.

4. LPN faculty should be encouraged to examine their feelings about LPN's and investigate how they have and will continue to influence LPN's self appreciation.

5. A coordinating council consisting of IFLPN members, area school educators, health care industry, and HOSA should be organized to develop strategies to accomplish 1 and 2.

6. Updated information regarding number of graduates, stop outs, and number of "no shows" for practical nursing programs should be collected and analyzed to help determine factors that influence admissions and completions. These should be separate from ADN program admissions/graduations.

7. A study of employed/inactive LPN's should be conducted to determine the "satisfiers" and "dissatifiers" that influence whether or not the LPN stays in the health care industry.

8. There should be pre-entrance requirements for applicants to practical nursing programs. These should be based on skills required to master curricula materials and include reading and math levels.

Curricula Recommendations

1. Practical nursing educational programs should be able to stand on their own and not be dependent upon ADN programs.

2. There should be separate philosophies and competencies for practical nursing education programs.

3. Practical nursing programs should be re-evaluated/revised periodically by the total faculty. The review/revisions should start with the program philosophy/competencies.

4. Competencies should be used to determine the courses required of practical nurses. These should reflect the knowledge and the skills required and how these will be included in the various courses offered.

5. Student load should be carefully considered in selecting courses. The average credit hour load should range from 12-18 quarter or semester hours. Contact hours should be dependent upon mix of class/clinical/ laboratory and not exceed 30 hours per week.

6. There should be an appropriate mix of class/lab/clinical to help students master competencies. Clinical should be introduced early in the educational experience and increased throughout the program.

7. Carefully select the arts and science related (transfer courses) that are included in the PN curriculum. Do not use arts and science courses that fall under "nice to know" for the PN student.

8. Curricula decisions regarding addition of material/courses should be made carefully. When new material is added base it on what is best for the LPN. Determine what will be eliminated when new material is added.

9. Increase the emphasis in geriatrics and be sure all material included on elderly is current.
   a. There should be as much or more emphasis on geriatrics in the curriculum as there is for pediatrics and obstetrics.
   b. There should be separate clinical experiences in long term care. These experience should not only be at the beginning of the program but should be at the end.
   c. Faculty who teach geriatrics should have an interest and positive attitude about elderly/chronically ill.

10. Articulation should be continued between the PN and ADN; however, only with curricula that meets the above criteria for PN's. Although total articulation is a goal, it should not be done at the liability of the practical nurse.

11. The PN curriculum should be based on nursing theory not medical theory. The nursing process (LPN level) should be threaded throughout the curricula.

REFERENCES

American College Testing. (1989). Job Analysis of Newly Licensed Practical/ Vocational Nurse 1986-87. Iowa City: Author.

Arkansas State Board of Vocational Education. (1986). The Supply and Demand for Practical Nurses in Arkansas Hospitals and Nursing Homes. Little Rock: Author

Bunten, Joan. (1988). Report on staffing needs for licensed personnel in homes for the aging. Program in Health Occupations Education.

Commission on Nursing. (1989). Report of the commission on nursing. Washington, DC: U.S. Department of Health and Human Services.

Iowa Administrative Code. Nursing Board. Chapter 2. Des Moines: State of Iowa.

Iowa Board of Nursing. (1987). Extracts from the Code of Iowa pertaining to the Practice of Nursing. Des Moines: Author.

Iowa Department of Public Health. (1989). Report on task force on the shortage of nursing personnel. Des Moines: Author.

Kentucky Department of Eduction. (1987). LPN Analysis in the Health Industry. Frankfort: Author.

Petersen, D. & Richards, B. (1989). Current and Projected Staffing for Nursing Personnel in Licensed Hospitals in Long Term Care and Nursing Facilities. Iowa City: Program in Health Occupations Education. The University of Iowa.

Program in Health Occupations Education. (1988) . Report on practical nurse graduates who terminate their education at the PN level. Iowa City: Author.

Iowa Area Community Colleges. Philosophies and competencies of practical nurses.

Job Descriptions from several nursing care facilities.

Curricula guides from area colleges and CE-4 information from Iowa Department of Education.

SUGGESTED PHILOSOPHY FOR PRACTICAL NURSING PROGRAMS

Developed by Elizabeth Kinney, Betty Helgersen, Joyce Brandt.

WE BELIEVE ABOUT NURSING PRACTICE:

Nursing, as an integral part of the health care team, provides an essential service to society.

Nursing care should be available for all individuals, groups and communities and should be responsive to changing societal health care needs.

Nursing includes preservation and promotion of health, prevention of disease, therapeutic and supportive and restorative care during the disease process, rehabilitation and health teaching.

Nursing is a process composed of assessing, planning, implementing and evaluating. Basic to the success of the process is the ability to effectively interact and communicate, to accurately report and record and to act ethically and legally.

Within the scope of nursing practice there are definable skill levels that are practiced in a variety of settings.

WE BELIEVE ABOUT THE PRACTICAL NURSE:

Practical nursing is an important component in the realm of nursing practice and therefore the practical nurse is an integral part of the health care team.

Within well defined skill areas and with the supervision of the registered nurse or physician, the practical nurse provides safe, competent, nursing care in a variety of settings.

The practical nurse can be effectively educated in one year to give competent direct care and assist in the nursing process.

WE BELIEVE ABOUT STUDENTS AND LEARNING:

Learning is demonstrated through a change in behavior.

L earning progresses from simple to complex, from known to unknown and through active participation and application by the student in realistic situations.

Each person is unique and learning progresses at different rates for different persons; therefore, each student should have the right to progress through the nursing discipline according to his/her nursing career goal and individual student goals should be respected.

Learning should be a shared responsibility of the instructor and the student and the instructor should design learning programs so students can master the competencies required to perform the work.

WE BELIEVE ABOUT PRACTICAL NURSING EDUCATION

Nursing education must recognize persons who seek practical nursing as a career are unique individuals and within the scope of nursing practice there are distinctive skill levels of nursing care the practical nurse can perform competently.

Practical nursing education programs are a vital component of the total offerings in Iowa's Area Colleges and these programs help fulfill the mission and goals of the area colleges.

The educational preparation for practical nurses consists of foundations in sciences, principles of effective communication, awareness of man's development throughout the life span, and practical nurse's role in assisting the registered nurse in using the nursing process in a variety of settings.

The educational programs should also be designed to encourage and assist students to acquire the knowledge and skills important to their personal, vocational and professional goals and responsibilities to provide incentives to become a productive member of society and the nursing profession by maintaining a desire for personal and professional growth through continuing education.

9-28-88
Rev. 11-9-88

SUGGESTED COMPETENCIES FOR PRACTICAL NURSE

The following competencies will be demonstrated in each phase of the nursing process and throughout practice.

1. Utilize verbal communication skills to effectively interact with patients/residents/clients, families, other members of the health care team and related health care agencies.
2. Demonstrate the ability to report and record accurately, concisely and within legal guidelines the observations and actions taken.
3. Demonstrate ethical and legal practices when performing all aspects of nursing care, including maintaining confidentiality.
4. Know and follow policies of the institution.

The Practical Nurse shall assist in assessing the patient's/client's/resident's physical and mental condition by:

1. Collecting data to assist in identifying the patient's/client's/resident's current health condition.
2. Utilizing observational skills to assist in identifying changes in patient's/resident's/client's health condition.

The Practical Nurse shall assist in planning for nursing care by:

1. Utilizing available health care data to assist in identifying short and long term goals for the patient/client/resident.
2. Communicating with the Registered Nurse/Physician to update patient/resident/client care relevant to current condition.
3. Recognizing basic nursing care concepts in providing input into the nursing care plan.
4. Demonstrating awareness of wellness and promoting these concepts in providing input into the nursing care plan.
5. Utilizing available health care data to assist in providing input into the nursing care plan.

The Practical Nurse shall assist in implementing nursing care by:

1. Providing the patient/client/resident basic nursing care by utilizing the formulated plan of care.
2. Administering medications safely utilizing acquired knowledge and skills and according to the medical orders.
3. Performing treatments per medical and nursing orders and utilizing sterile or aseptic techniques as appropriate.
4. Supporting and reinforcing the established educational plan for the patient/resident/client of family.
5. Assisting in the referral of patients/residents/clients to other health care staff or related agencies to enhance the patient/family teaching plan.
6. Providing and maintaining a safe environment for the patient/client/resident.
7. Protecting self and client/resident/patient by utilizing good body mechanics and infection control guidelines during the delivery of all nursing care.

The Practical Nurse shall assist in evaluating nursing care by:

1. Utilizing the appropriate resources to evaluate the client/resident/patient responses to nursing care, treatments, and medications.
2. Collaborating with the health care team or other agencies in modifying care plans recognizing client/patient/resident responses to current regiment of treatment.

kb
1-12-88
Rev. 10-14-88

CURRICULUM GUIDE

NURSING CARE IN NURSING FACILITIES

Course Description:
This curriculum is designed to identify knowledges and skills required of practical nurses assigned to care for residents in nursing facilities. Emphasis is in recognizing differences in physical, psychological and social needs of elderly and chronically ill and using the nursing process to adapt care to meet these needs.

Purpose:
This curriculum is to serve as a guide for practical nursing program staff in evaluating the geriatric content in program curricula. It is recommended the guide be modified to meet individual program needs and taught in a separate course; however, if there is an integrated curricula this material should be used to assess if, where and to what level the knowledge/skills are being taught.

Competencies:
Upon completion of this material the learner should be able to:

Assist in assessing the residents physical and mental condition by:
1. Identifying the resident's baseline health condition
2. Recognizing physical, psychological, and social changes of elderly that must be considered in assessing condition.

Assist in planning for nursing care by:
1. Utilizing available data to assist in developing short and long term goals.
2. Working with interdisciplinary team to develop an interdisciplinary plan of care.
3. Demonstrating awareness of individual resident's strengths and weaknesses in planning for rehabilitation needs.

Assist in the implementing of nursing care by:
1. Adapting care to the nursing facility environment and providing and maintaining a safe environment.
2. Providing resident basic nursing care as defined in the care plan.
3. Administering medications and treatments as required.
4. Assisting the resident and family to adapt to resident care needs.

Assist in the evaluating of nursing care by:
1. Utilizing the appropriate resources to evaluate resident response to care plan, treatments.
2. Recognizing differences in how elderly can react to medications and use this knowledge to assist in evaluation
3. Collaborating with the interdisciplinary team to modify care plans.

JB/kb
5-18-89

The Iowa Department of Education and The University of Iowa do not discriminate in their educational programs and activities on the basis of race, national origin, color, religion, sex, age, or handicap. The Department and The University also affirm their commitment to providing equal opportunities and equal access to facilities without reference to affectional or associational preference. For additional information, please contact the Coordinator of Title IX and Section 504 in the Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319. Phone 515/281-8584.

Nursing Care of Resident in Nursing Facilities

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
Provide basic nursing care for residents in nursing facilities - including skilled facilities.	General Objectives - goal	Read assignment from text
1.0 Discuss general characteristics of facilities and clients.	I. Introduction	Homework
1.1 Define listed terminology related to N.F.'s and types of residents in nursing facilities.	A. Terminology	Terminology list - define terms
1.2 Differentiate between N.F.'s and S.N.F.'s and acute care facilities.	B. Facilities - classifications 1. Nursing Facilities (N.F.) 2. Skilled Nursing Facilities 3. Residential Facilities 4. Home Health Care as alternative 5. Ownership a. Public b. Private 6. Organization a. Administrator b. Nursing Service (DON) c. Other departments 7. Reimbursement a. Private pay b. Third Party payer	Lecture/discussion
1.3 List and describe the role of various state/private agencies that control N.F.'s and S.N.F.'s.	C. Agencies 1. Inspections and Appeals a. Rules and regulations (Administrative Code of Iowa) b. Conditions included in rules/regs 1) Classification 2) Policies 3) Personnel requirements a) Licensed nursing coverage b) Nurse aide preparation	Review Administrative Code

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
	c) Activity coordinators d) Interdisciplinary team approach 4) Facilities 5) Quality of care 6) Care review committees 7) Resident rights 8) Other conditions 9) Dependent adult abuse	Review resident rights
	2. Federal regulations (Department of of Human Services) a. OMNIBUS '87 b. Medicare/Medicaid reimbursement c. Title 19	Lecture/discussion
	3. AARP - American Association of Retired Persons a. Goals b. Members	Lecture/discussion
	4. Elder Affairs 5. Facility organizations a. Iowa Health Care Association (IHCA) b. Iowa Homes for Aging (IHA)	
1.4 Describe the general characteristics of residents in nursing facilities.	D. Residents in nursing facilities 1. Skilled care - recovering from acute conditions a. Conditions 1) Diseases 2) Mental Illness (M.I.) 3) Mental Retardation (M.R.) 4) Impaired Function of Senses b. Terms of stay - discharge 2. Chronically ill a. Progress of disease conditions b. Goals of nursing care	Lecture/discussion

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
	3. Elderly a. Growing populations 1) Young old 2) Old 3) Old-old b. Theories of aging 1) Biological theories 2) Psychological theories 3) Sociological theories c. When admitted to facilities d. Goals of nursing care	
1.5 Compare the goals of nursing care in nursing facilities to the goals of nursing care in acute care institutions.	E. General nursing care goals 1. Changes in health care delivery that have redefined goals a. Reimbursement b. Shorter stays in acute care c. Growing number of elderly d. Other 2. Care of long term residents a. Home - atmosphere b. Age appropriate activities c. Maintenance d. Habilitation/rehabilitation e. Other	Lecture/discussion
	3. Setting nursing goals - inter-disciplinary care plans a. Interdisciplinary team (resident/family included) b. Nursing component 1) Assessment 2) Planning - setting long term goals - short term goals 3) Interventions 4) Evaluation - replanning	Homework: Nursing care situation applied to care plans used Lecture/discussion

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
	4. Resident's family considerations a. Concerns b. Visits - involvement in care c. Assisting the resident/families	
2.0 Describe appropriate nursing assessments for residents in nursing facilities.	II. Assessments	
2.1 Describe anatomical and physiological changes that should be considered in assessing/planning care for chronically ill or elderly.	A. Anatomy/physiology 1. Elderly a. Changes in posture, appearance, body composition 1) Posture 2) Appearance - skin less elastic - wrinkled 3) Increase in body fat (16%) - decrease in arms and legs 4) Body water decrease 5) Men weight loss - women gain	Text assignment Lecture/discussion
2.1.1 Consider changes of cellular system in making assessment/ planning care.	b. Cellular changes 1) Slowed turnover - healing reduced 2) Decreased blood supply to extremities 3) Thinning of skin 4) Skin dryness - decreased perspiration 5) Decreased ability to regulate body temperature 6) Decreased hair growth - altered pattern of growth	
2.1.2 Consider changes in respiratory system in making assessment/ planning care.	c. Respiratory system changes 1) Inspiration/expiration strength reduced	

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
	2) Decreased effectiveness of cough mechanism	
	3) Greatest changes in lungs in those over 70 - decreased lung capacity	Lecture/discussion
2.1.3 Consider changes in cardiovascular system in making assessment/ planning care.	d. Cardiovascular changes 1) Cardiac enlargement - occurs in some	
	2) Heart rate slows	
	3) Loss of ability to respond to stress	
	4) Blood flow to organs decreases	
	5) Arterial vessel elasticity decreases	
	6) Systole blood pressure rises - heart work increases - diastole slightly decreases	
2.1.4 Consider changes in gastrointestinal system in making assessment/ planning care.	e. Gastrointestinal system 1) Enamel thins on teeth	
	2) Taste buds decrease - saliva production decreases	
	3) Gag reflex decreases	
	4) Delayed stomach emptying	
	5) Decrease in digestive enzymes	
	6) Peristalsis decreases in colon	
	7) Age-related changes, diet exercise patterns result in constipation	
	8) Diverticulosis in one-third over 60	
	9) Liver decreases in size over 70	
	10) Decrease in hepatic enzymes affect drug metabolism	Lecture/discussion
	11) Gall bladder empties more slowly - decrease in bile - 40% develop gall stones by 80	

OBJECTIVE	CONTENT	METHOD
	12) Changes in pancreas secretions may result in poor tolerance of high fat meals	
2.1.5 Consider changes in genitourinary system in making assessment/ planning care.	f. Genitourinary system 1) Nephrons decrease - glomerular filtration rate decreases 2) Acid-base disturbances take longer to correct 3) Bladder capacity gradually decreases to half 4) Urinary frequency increases 5) Emptying bladder becomes more difficult 6) Ovaries decrease in size - breast tissue loses elasticity 7) Male - decrease testosterone, sperm count - enlarged prostate 8) Both sexes have unchanged libido	
2.1.6 Consider changes in neurological system in making assessment/ planning care.	g. Neurological system 1) Brain decreases in size 2) Decreased blood flow 3) Decrease in deep tendon reflex 4) Ability to regulate body heat - loss decreases 5) Neuron loss is permanent	Lecture/discussion
2.1.7 Consider changes in endocrine system in making assessment/planning care.	h. Endocrine system 1) Insulin release decreases and glucose tolerance decreases 2) Estrogen production ceases	
2.1.8 Consider changes in musculoskeletal system in making assessment/planning care.	i. Musculosketal system 1) Bone loss begins at 40 2) Muscle cells are lost 3) Cartilage begins to erode at joints	

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

Page 7

OBJECTIVE	CONTENT	METHOD
	4) Degeneration of invertebral discs occur 5) Osteoarthritic changes occur	
2.1.9 Consider changes in sensory system in making assessment/planning care.	j. Sensory system 1) Multiple structural changes decrease vision 2) Multiple structural changes decrease hearing 3) Sensitivity to taste decreases 4) Sensation to touch decreases	
2.2 Describe psychological changes/needs of the geriatric resident that should be considered in making nursing assessment/ planning care.	B. Psychological changes 1. Cognitive a. No decline in intelligence b. Secondary memory change (information that must be retrieved) c. Short term memory loss d. Remote memory undergoes minimum change e. Slight decline in complex problem solving f. All changes affected by environment g. Lack of stimulation affects cognitive	Text assignment Lecture/discussion
2.3 Describe sociological changes/needs of geriatric resident that should be considered in planning care.	C. Sociological changes 1. Remember age is not a predictor of social behavior 2. Decreased resources - increased dependency - leads to reduced power and value 3. Decrease in social roles and role changes - loses worker role - new role may occur - volunteerism 4. Forced changed in socialization patterns can lead to isolation 5. Norms a) Retirement, grandparenting, widowhood b) Socialization - age related	Lecture/discussion

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
	6. Need for intimacy continues after death of spouse 7. Progressive disengagement occurs with age - or some feel disengagement is dependent on basic personality 8. Successful aging seems to depend on high levels of activity	
2.4 Review growth and development theories and consider in planning care for elderly.	D. Growth and development 1. All individuals regardless of age have needs 2. Review Maslow - elderly must meet needs on all levels - consider other needs a. Identify - change in body stature and appearance may affect self-image b. Rootlessness - place c. Having someone meaningful to relate to d. Understanding e. Usefulness f. Recognition 3. In planning care, set realistic goals a. Educate regarding body changes b. Assess individual's adjustment to aging - self-image, growth and self-actualization, autonomy, realistic perception, mastery of environment	Text assignment Lecture/discussion
2.4.1 Consider nursing interventions to promote healthy adjustments.	4. Nursing interventions a. Maximize individual resources - do own care - make decisions b. Facilitate adaptations - furniture - adaptive devices c. Help get skills to manage chronic disease	

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
2.4.2 Review various theories regarding developmental needs.	5. Developmental tasks a. Erickson - successful promotes ego integration - unsuccessful despair b. Clayton - adaptation relative to perceptions of reality c. Neugarten - Young - old - old-old d. Havighurst - 6 tasks of later life 1) Adjust to declining strength and health 2) Adjust to retirement and reduced income 3) Adjust to change in spouse's health 4) Establishing affiliation with age group 5) Adapting and adopting social roles in flexible way 6) Establishing satisfactory living arrangements 6. Transition and role change a. Loss of friend, spouse, occupation b. Retirement - chronic illness c. Widowhood d. Relocation	Lecture/discussion
2.4.3 Identify nursing implications related to caring for elderly.	7. Nursing implications a. Recognize loneliness - intervene, use family, community program, pet therapy, crisis intervention b. Help work through grieving process - occurs with all losses c. Encourage active participation in life - group activities d. Involve family in care plans e. Encourage reminiscence in life review as way to integrate	

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
3.0 Plan and provide nursing care for residents with specialized health problems more common with elderly. 3.1 Plan and provide nursing care for residents who are confused (deliriums).	III. Specialized pathological health problems of elderly A. Confusional states (delirium) 1. Classified DSM-III-R Delirium - previously known as acute or reversible brain syndrome 2. May occur rapidly if caused by systemic illness or mental changes - drugs 3. Causes - infection, drugs, diseases, endocrine or metabolic imbalance, nutritional 4. Assessment findings a. Forgetful - disoriented b. Short attention span c. Memory loss d. Disordered speech e. Out of contact with reality f. Restlessness g. Anxiety h. Tachycardia - sweating, flushed, high blood pressure 5. Nursing implications a. Establish safe environment b. Help cope c. Keep calendars and clocks where they can be seen d. Watch for physical changes e. Describe reality in slow calm manner	Text assignment Lecture/discussion
3.2 Plan and implement care for resident experiencing dysrhythmias.	B. Dysrhythmias 1. Incidence higher with aged 2. More serious in elderly because of lowered cardiac output	

OBJECTIVE	CONTENT	METHOD
	3. Symptoms - assessment includes a. Changes in mental alertness b. Hypotension c. Chest pain - dizziness d. Dyspnea e. Tachycardia f. Cool clammy skin g. Unusual pulse - rapid, slow 4. Nursing goal assess, prevent - manage a. Carefully monitor residents on digitalis b. Watch serum digitalis levels	
3.3 Plan and provide care of residents with COPD.	C. COPD 1. Most common problem of respiratory condition 2. Progressive disease 3. Assessment a. Complaint of breathlessness b. Fatigue c. Repeated coughing d. Difficulty sleeping e. Productive cough 4. Goal - nursing a. Relieve symptoms b. Administer prescribed medications - watch for side effects c. Encourage fluids d. Teach breathing - cough	Text assignment Lecture/discussion
3.4 Plan and provide care for residents with CHF.	D. Congestive heart failure 1. Possibility increases with age 2. Assessment a. Breathlessness b. Dyspnea upon exertion c. Productive cough d. Wheezing	

OBJECTIVE	CONTENT	METHOD
	e. Swelling (edema)	
	3. Nursing implications	Lecture/discussion
	a. Decrease cardiac load	
	b. Monitor signs/symptoms	
	c. Chair or elevated bed	
	d. Plan daily activities that include bed rest	
	e. Help adjust to low Na diet	
	f. Emotional support	
3.5 Plan and provide care for the resident with a pressure sore.	E. Pressure sores	
	1. Cause - obstruction of capillary flow leads to acute tissue, increases unrelieved pressure	
	2. Elderly prone because of immobility, impaired sensitivity, etc.	
	3. Common sites - heel, greater trochanter, elbow, sacrum, scapula, spine	
	4. Assessment	
	a. Stage 1 - skin appears shiny with redness	
	b. Stage 2 - small blisters	
	c. Stage 3 - skin broken with deep pressure sore	
	d. Stage 4 - tissue, bone muscle involvement	
	e. Foul smelling - purulent discharge	
	5. Nursing implications	Lecture/discussion
	a. Prevent - heal	
	b. Identify high risk resident	
	c. Reposition bedfast residents every two hours	
	d. Alternating mattress	
	e. Clean, dry, free of wrinkles on bed	
	f. Provide meticulous skin care	

OBJECTIVE	CONTENT	METHOD
	g. Massage bony prominences several times a day h. Provide good nutrition	
3.6 Plan and provide care for resident with dementias (multi-infarct or Alzheimers).	F. Dementia 1. Permanent progressive deterioration of mental functioning 2. Common types - multi-infarct and Alzheimers 3. Multi-infarct dementia a. Repeated strokes b. Early phase - gradual progression of impaired intellect - dizziness, headaches, decreased physical and mental vigor 4. Alzheimers a. Brain atrophy - symptoms gradual - beginning with impaired memory and progressing to language and motor problems b. 3 stages - 5-14 years c. Last stage - blank facial expression, paraphasia, irritability, seizures, no memory, does not recognize people, total dependence 5. Assessment of dementias a. Memory loss - fatigue, dizziness b. Behavioral changes c. Assessment required by Human Services d. Rules and regulations require inservice training to provide care 6. Nursing implications a. Maintain health, protect from injury, provide physical and mental stimulation b. Reality orientation	Text assignment Lecture/discussion

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
	c. Reassure - support d. Assist family	
3.7 Plan and provide care of resident with diverticular disease.	G. Diverticular disease 1. Begins to develop around age 50 increasing in size and number 2. Serious complication is diverticulitis 3. High fiber diet will prevent 4. Assessment a. Changes in bowel habits b. Abdominal pain c. Chills - fever d. Nausea 5. Nursing implications a. Relieve symptoms and prevent reoccurrence b. Bed rest - only fluid intake - analgesics, sedatives for acute c. Teach importance of high fiber diet	Text assignment Lecture/discussion
3.8 Plan and provide care for resident with osteoporosis.	H. Osteoporosis 1. Demineralization of bone 2. Part of normal aging - calcium deficiency, heredity, alcohol, etc. 3. Fractures, associated real threat to elderly independence - areas most affected - progresses slowly a. More common in women b. May be primary or secondary 4. Assessment a. General weakness b. Rounded back c. Change in respiratory function d. Fractures	

OBJECTIVE	CONTENT	METHOD
	5. Nursing implications a. Slow/halt bone loss b. Protect from falls c. Teach resident how to do daily activities safely d. High calcium and Vitamin D diet e. Carefully planned exercise program	
3.9 Plan and provide care for resident with osteoarthritis.	I. Osteoarthritis 1. Joint stiffness - hips, knees, spine, fingers 2. Progresses slowly 3. Assessment a. Aching joints b. Loss of joint mobility c. Crepitus d. Stiffness 4. Nursing implications a. Relieve discomfort - maintain range of motion - crippling deformities b. Counsel regarding use of medication c. Heat and physical therapy d. Encourage daily exercise	
4.0 Discuss the special concerns in providing care to elderly.	IV. Rehabilitation A. Philosophy - most have potential for improved functioning 1. Part of every day activities 2. Ongoing - no special starting or stopping time B. Goals of rehabilitation 1. Determined from functional assessment a. Describe abilities and limitations in performing daily activities	Text assignment

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

Page 16

OBJECTIVE	CONTENT	METHOD
	b. Includes - pathology, behavioral and role assessment c. Determines potential for function d. Individualize goals and must be realistic e. Basics can include 1) Recovery of self-feeding 2) Continence 3) Independence in hygiene care 4) Other f. Should be included in care plan and each staff member follow g. Must include cooperation from resident - first step restore resident's self-esteem	
4.2 List special health precautions to include when planning care for elderly. 4.2.1 Describe nursing implications when considering the potential for a resident to fall.	C. Safety precautions 1. Falls - 75% involve elderly a. Contributing factors 1) Physical 2) Environmental - darkness, wet floors 3) Medication reaction b. Nursing implications 1) Avoid environmental 2) Handrails 3) Nonskid rugs 4) Night lights 5) Skid proof shoes	Reading assignment Lecture/discussion
4.2.2 Describe nursing measures to prevent burns.	2. Burns a. Sensory deprivation - burns take longer to heal in elderly b. prevent - check heat applications	

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
4.2.3 Determine the significance of careful medication monitoring in elderly.	3. Medication monitoring a. Susceptible to adverse effects b. Absorption and distribution and excretion of drugs altered in elderly c. Elderly often have multiple prescriptions - interactions occur d. Carefully assess resident's reactions to medications	
4.2.4 Describe the benefits of exercise in planning resident care.	4. Exercise a. Benefits of exercise program 1) Improved self-esteem 2) Increased oxygen intake - lower heart rate 3) Reduced adipose 4) Improved digestion 5) Decreased constipation 6) Better muscle tone b. Factors contribute to decreased exercise 1) Disease - depression 2) Medications 3) Past practices c. Nursing implications 1) Doctor's order/approval 2) Monitor during program 3) Encourage to begin slowly	
4.2.5 Describe methods of assisting the resident who has sleep disturbances.	5. Sleep disturbances a. Stages 1-4 - 4 necessary to restore physiologic well being b. Experience many arousals - give impression of sleeplessness	Reading assignment Lecture/discussion

OBJECTIVE	CONTENT	METHOD
	c. Nursing implications 1) Assessment of sleep patterns 2) Napping patterns 3) Exercise level 4) Diet and use of caffeine/alcohol/ drugs	
4.2.6 Describe sexual function and needs of elderly.	6. Sexual function a. Important - maintained well into old age b. Problems more from social or emotional than biological problems c. Arousal may take longer d. There are alterations in erection/ ejaculation and vaginal lubrication e. Nursing implications 1) Provide information 2) Incorporate sexual history 3) Protect sexual rights/privacy of institutionalized	
4.2.7 Discuss food and nutritional needs of elderly.	7. Food and nutrition a. Many problems result from poor nutrition b. Deficiencies usually a result of poor or inappropriate intake c. Factors 1) Impaired thirst sensation 2) Ethnic/cultural preferences 3) Lack of exercise 4) Depression 5) Dental problems 6) Diminished taste - digestion d. Nursing implications 1) Limit changes to those necessary for health	

OBJECTIVE	CONTENT	METHOD
	2) Use vitamin and mineral supplements 3) Provide appetizing meals 4) Make sure environment conducive to eating 5) Recognize social aspects of eating	
4.3.8 Plan care for bowel/bladder retraining for incontinent resident.	8. Incontinence a. Causes b. Training 1) Check functional abilities 2) Determine pattern 3) Maintain routine - remind or take resident to bathroom regularly 4) Limit fluid intake at bed time or after 8 p.m. 5) Keep signal in reach if in bed	Text assignment Lecture/discussion
5.0 Summarize the principles of nursing care for elderly/chronically ill.	V. Principles of care A. Aging a natural process B. Assessment 1. Changes in physiological, social, psychological needs of elderly 2. Determining functioning capacity and limitations 3. Assess need for nursing action related to resident needs C. Planning 1. Use other professionals - interdisciplinary teams in planning 2. Develop short term and long term plans 3. Consider prevention of problems in planning 4. Include family and relatives in planning 5. Interdisciplinary care plan should be available to all providing care	

Overview: This guide provides a model guide for the competencies (knowledges/skills) a practical nurse requires to provide nursing care for residents in nursing facilities.

OBJECTIVE	CONTENT	METHOD
	D. Implementation - aimed at 1. Improving self-care capacities 2. Providing direct care by acting for, doing for 3. Providing rehabilitation services E. Evaluation 1. Include resident and family 2. Ongoing - revise plan as needed, adjust as changes occur	

JB/kb
5-18-89

NURSING CARE IN NURSING FACILITIES
BIBLIOGRAPHY

Brody, S., & Ruff, G. (Eds.). (1986). Aging and rehabilitation. New York: Springer.

Caldwell, E. & Hegner, B. (1981). Geriatrics. A study of maturity. (4th ed.). New York: Delmar.

Chirst, M., & Hohloch, F. (1988). Gerontologic nursing. Pennsylvania: Springhouse.

Crook, T., Bartus, R., Feris, F. & Gershon, S. (Eds.). (1986). Treatment development strategies for Alzheimer's disease. Connecticut: Mark Powley Assoc.

Eliopoulos, C. (1983). Gerontological Nursing. (2nd ed.). Philadelphia: Harper and Row.

Fasano, M. A. (1986). Creative care for the person with Alzheimer's. California: Brady.

Ferrini, A. & Ferrini, R. (1989). Health in later years. Dubuque, IA: Wm. C. Brown.

Illinois State Board of Education. (1985). Physical changes and aging. Springfield: Illinois State Board of Education.

Yeo, G., Tully, D., & Fowkes, V. (1986). Geriatric curriculum resource package. HRSA Contract No. 240-84-0126. Washington, D.C.